

Affordable Child Care Benefit Full Day Claim for Children Enrolled in School – Days in Session

Registered Licence-Not-Required

Collection of personal information by the Ministry of Education and Child Care on this form under the authority of the Freedom of Information and Protection of Privacy Act s. 26(c) and the Early Learning and Child Care Act s. 7 is for the purpose of facilitating delivery of services, identification, and client centred information management across social programs. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1 888 338-6622 or inquire in writing to the address noted below.

Licence-Not-Required In Child's Home

Office Use Only	

- Use this form to claim full days of the care surrounding a school day rate on days when school is in session and statutory holidays.
- Days in session is defined as the days in a school calendar year on which the principal, vice principals, directors of
 instruction and teachers of the school are scheduled to be available for instructional, non-instructional or
 administrative activities.
- If the reason for requesting full day care is early dismissal, specify the reason and include the start and end times
 of the care provided.
- Submit a separate form for each parent's children.
- Do not submit this form until after the 25th of the month being claimed.
- For more information, refer to the website at gov.bc.ca/affordablechildcarebenefit.

Payee Name			Supplier Number	Claim Month Claim Year	
Claim Info	rmation				
Case ID	Authorized Children Last Name First Name		Number of Additional Days	Reason	
	Lastivanic	riistivanie	Additional Days		
Comments					
Child Care	Provider Decl	aration			
confirm this is a	a true account of the nur	mber of full days of child care p	provided for the month claimed.		
Child Care Provider's Signature				Date Signed (YYYY-MMM-DD)	
Parent De	claration			•	
I confirm this is a	a true account of the nur	mber of full days of child care p	provided for the month claimed.		
Parent's Signature				Date Signed (YYYY-MMM-DD)	

Once completed, please fax or mail to the Child Care Service Centre. Keep a copy for your records.

Mailing Address
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

Toll Free Fax 1-877-544-0699
Toll Free Phone 1-888-338-6622
Website gov.bc.ca/affordablechildcarebenefit